

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>6747294</i>		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2	/						52				
3	/						53				
4	/						54				
5		2					55				
6		2					56				
7		2					57				
8		2					58				
9	/						59				
10	/						60				
11							61				
12							62				
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39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	4						TOTAL IND.				
TOTAL DEP.	8						TOTAL DEP.				
TOTAL CLAIMS	12						TOTAL CLAIMS				